## **Attention:**

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that are mailed each spring to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web site at <a href="www.efast.dol.gov">www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

## SCHEDULE P (Form 5500)

Department of the Treasury

Internal Revenue Service

## Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

▶ File as an attachment to Form 5500 or 5500-EZ.

Official Use Only
OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

For the trust calendar year 2002 or fiscal trust year beginning		and ending	MM/DD/	
Please type or print		4	55	
1a Name of trustee or custodian			<b>3</b>	
<b>b</b> Number, street, and room or suite no.	(If a P.O. box, see the instructions for Form	n 5500 or 5500-EZ.)		
c City or town		State ZIP c	ode	
2a Name of trust				
<b>b</b> Trust's employer identification number				
3 Name of plan if different from name of	trust			
4 Have you furnished the participating e to be reported by the plan(s)?	mployee benefit plan(s) with the trust finan	cial information requir	ed Yes	No
5 Enter the plan sponsor's employer iden	ntification number as shown on Form 5500	or 5500-EZ ▶		
Under penalties of perjury, I declare that I have Signature of fiduciary	re examined this schedule, and to the best of	f my knowledge and be	elief it is true, correct, and	complete.
SIGN HERE		Date <b>•</b>		

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13504X Schedule P (Form 5500) 2002